

Green River District Health Department
WIC SCHEDULING AND CASE MANAGEMENT PROCEDURE

09.08

Effective Date: March 1, 2014

Purpose: This procedure contains the guidelines for scheduling and case management of WIC patients for Green River District Health Department (GRDHD).

Failure to Comply: Employees who fail to comply with this procedure will be subject to disciplinary procedures. Agency failure to comply could result in noncompliance with applicable state and federal regulations.

Procedure: When a patient presents to a clinic for WIC services within the GRDHD region, an appointment is scheduled in the Patient Services Reporting System (PSRS). If the patient is unable to receive an appointment for the date they present, they will be tracked using a log that contains the following information:

- Clinic Name
- Date of Initial Contact
- Patient Last Name
- Patient First Name
- Address
- Phone number
- Alternate number
- Risk (Infant, Pregnant woman or Migrant Worker/Family of Migrant Worker)

This information will be used to determine the initial date of contact and will assist in case management follow-up for ensuring timeliness for WIC services.

For appointments that were missed, the 7 day late food benefit pick-up list and the 30 day late food benefit pick-up list will be worked by making phone calls or mailing letters in an attempt to ensure the patient does not have a gap in service/benefits. Missed appointments will also be tracked daily through schedules. If open appointments are available, every attempt to contact and schedule patients will be made with priority going to high risk applicants. Pregnant women, infants and migrants shall be scheduled within 10 calendar days from the date of initial contact. An attempt will be made to schedule all patients within ten calendar days of initial contact, but may have up to twenty calendar days if not a high risk applicant. Patients requesting "no home contact" or a privacy restriction should be excluded from contacts/follow-up. Documentation of all appointments and contacts made or attempted must be in the patient's medical record.

An appointment card will be given out to all WIC participants at the time of service with the next date they are due in the clinic for services. WIC applicants that are employed will be given the option to schedule an appointment to reduce the time they spend in clinic. See 09.08.01 Notice of Same Day Scheduling Form for details.

Forms: 09.08.01 Notice of Same Day Scheduling Form, 09.08.02 Initial Date of Contact Tracking Log

References:

PSRS System

<http://chfs.ky.gov/NR/rdonlyres/6A6E754F-5D11-4324-B866-ACD5927CA4CF/0/PatientServicesReportingSystem.docx>

Training and Program Description section-WIC

[http://chfs.ky.gov/NR/rdonlyres/020A2A7F-55D8-4696-ABB8-3C7586DCD666/0/ARVolITrainingGuidelinesandProgramDescriptions713.docx#SECTION TWO](http://chfs.ky.gov/NR/rdonlyres/020A2A7F-55D8-4696-ABB8-3C7586DCD666/0/ARVolITrainingGuidelinesandProgramDescriptions713.docx#SECTION_TWO)

The WIC Program is authorized by Section 17 of the Child Nutrition Act of 1966, as amended. The Code of Federal Regulations 7 CFR Part 246 govern the operation of the program along with the state Administrative Regulation 902 KAR 4:040

WIC and Nutrition Manual 2013,

<http://chfs.ky.gov/dph/WIC+and+Nutrition+Manual.htm>

Contact Person: Nutrition Services Supervisor

Date Adopted: March 26, 2014



Deborah Fillman

2014.04.03

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Public Health Director

Policy Origination, Revision, and Review Tracking

- List the policy version number, date of origination, revision or review, and brief description of revision or name of reviewer

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Green River District Health Department
NOTICE OF SAME DAY SCHEDULING FORM
09.08.01

This notice is provided to inform you that the _____
Health Center has implemented a same day scheduling system. I have been
informed of the process for making appointments and the use of "reminder
appointments". As a WIC participant that is employed, I have been given the
choice to schedule an appointment or utilize the same day scheduling system
used by this clinic. At this time I choose:

☐ To utilize the Same Day Scheduling System

☐ To schedule an appointment

I realize that if I choose the same day scheduling system and my circumstances
change, I may call the clinic at any time and request an appointment.

Patient or Parent/Guardian Signature:

Date

Witness (Staff)

Date

Please initial and date at each certification/recertification:

Pt Initials	Staff Initials	Date	Pt Initials	Staff Initials	Date
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

3-1-2014

Green River District Health Department
INITIAL DATE OF CONTACT TRACKING LOG
09.08.02

3-1-2014